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FACSIMILE TRANSMITTAL

To: Examiner Ori Nadav **Fax:** 703/308-7382

Group Art Unit: 2811

Appln. No. 09/164,216

From: Robin King for Mark Pickering **Date:** September 23 2003

Re: Response to Actions Mailed **Pages:** 22 (including cover sheet)
May 29, 2003 and August 27,
2003

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PTO/SB/97 (08-03)

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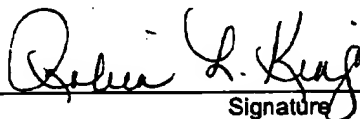
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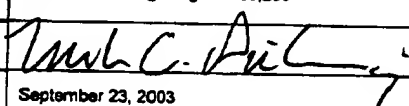
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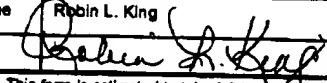
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| | | | |
|-------------------------------------------------------------------------------------|----------------------|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/164,218 | |
| | Filing Date | September 30, 1998 | |
| | First Named Inventor | Ronald Pasqualini | |
| | Group Art Unit | 2811 | |
| | Examiner Name | O. Nadav | |
| Total Number of Pages in This Submission | 21 | Attorney Docket Number | 100-11503 (P03921-C3) |

| ENCLOSURES (check all that apply) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final (Response) <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/68) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission by Facsimile (37 CFR 1.8) |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--------------------------------------------|-------------------------------------------------------------------------------------|
| Firm or Individual name | Mark C. Pickering, Reg. No. 38,239 |
| Signature |  |
| Date | September 23, 2003 |

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| Typed or printed name | Robin L. King | |
| Signature |  | Date September 23, 2003 |

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|----------------------------------------------------------------------------------------------------|-------|--------------------------|-----------------------|
| FEE TRANSMITTAL For FY 2003 <i>Patent Fees are subject to annual revision.</i> | | <i>Complete if Known</i> | |
| | | Application Number | 09/164,216 |
| | | Filing Date | September 30, 1998 |
| | | First Named Inventor | Ronald Pasqualini |
| | | Examiner Name | O. Nadav |
| | | Group Art Unit | 2811 |
| TOTAL AMOUNT OF PAYMENT | \$278 | Attorney Document No. | 100-11503 (P03921-C3) |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| METHOD OF PAYMENT (check one) | | | | FEE CALCULATION (continued) | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees or credit any overpayment under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account No. 502305 LAW OFFICES OF MARK C. PICKERING <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | | 3. Additional Fees Large Entity Small Entity Fee Fee | | | |
| 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | 1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2520 1812 2520 For filing a request for ex parte reexamination 1804 920 1804 920 Requesting publication of SIR prior to Examiner action 1805 1840 1805 1840 Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 410 2252 205 Extension for reply within second month 1253 930 2253 465 Extension for reply within third month 1254 1450 2254 725 Extension for reply within fourth month 1255 1970 2255 985 Extension for reply within fifth month 1401 320 2401 160 Notice of Appeal 1402 320 2402 160 Filing a brief in support of an appeal 1403 280 2403 140 Request for oral hearing 1451 1510 1451 1510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive-unavoidable 1453 1300 2453 650 Petition to revive-unintentional 1501 1300 2501 650 Utility issue fee (or reissue) 1502 470 2502 235 Design issue fee 1503 630 2503 315 Plant issue fee 1460 130 1460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 Submission of Information Disclosure Sheet 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b)) 1801 750 2801 375 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING FEE LARGE ENTITY SMALL ENTITY Fee Code Fee (\$) 1001 750 2001 375 Utility 1002 330 2002 260 Design 1003 520 2003 255 Plant 1004 750 2004 375 Reissue 1005 160 2005 80 Provisional SUBTOTAL (1) 0 | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims 37 - 37 ** = x 18 = \$ 0 Independent 9 - 7 = 2 x 84 = \$ 168 Multiple Dep. * = \$ 0 ** or number previously paid, if greater; for Reissues, see below: | | | | | | | |
| LARGE ENTITY SMALL ENTITY Fee Code Fee (\$) 1202 18 2202 9 Claim in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue ind. claims over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) \$168 | | | | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) \$110 | | | |
| SUBMITTED BY | | | | | | | |
| Law Offices of Mark C. Pickering P.O. Box 300 Petaluma, CA 94953-0300 Telephone: (707) 762-5583 Facsimile: (707) 762-5504 Customer No. 33402 | | | | Date: 9-23-03 By: Mark C. Pickering, Reg. No. 36,239 | | | |

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